



# Cardinal Shehan Center

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone Numbers: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Volunteer Activity / Interests:

\_\_\_\_\_

\_\_\_\_\_

### Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						
Group						

**Please note, in order to volunteer at the Cardinal Shehan Center, the Diocese of Bridgeport requires a background check, acceptance of the sexual misconduct policy, (And completion of the free VIRTUS training if over 18).**

- Sign-off on Sexual Misconduct Policy \_\_\_\_\_
- Background Check Release and Authorization Form (18 or older) \_\_\_\_\_
- Copy of "VIRTUS" Training certificate (18 or older) \_\_\_\_\_
- Lay volunteer form: \_\_\_\_\_

**Diocese of Bridgeport**

**VOLUNTEER**

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE REPORT**

I, the undersigned, do hereby authorize Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through its independent contractor, CHOICEPOINT, to procure a report and/or investigative report on me. The above mentioned report may include the items listed below. **The Volunteer should circle the appropriate items based on their circumstances. UPON COMPLETION RETURN THIS FORM TO THE OFFICE THAT GAVE IT TO YOU.**

**For All Positions**

Criminal Conviction Check Social Security Number Trace Education Verification, if degree required

**For Positions with Financial Responsibility Add:**

Credit History

**For Positions with Driving Responsibilities Add:**

Motor Vehicle Report

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report prepared on me upon written request to Choicepoint that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Diocese of Bridgeport, and Catholic Mutual Group, Inc., by and through Choicepoint, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Diocese of Bridgeport, and Catholic Mutual Group, Inc., Choicepoint and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs, or others making such claim or demand on my behalf for procuring, providing and/or assisting with the compilation or preparation of the report and/or investigative report hereby authorized.

PRINTED NAME:

\_\_\_\_\_  
First Middle Last  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**COMPLETE RESIDENCE ADDRESS:**

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

SOCIAL SECURITY NUMBER \*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER (only if circled above): \_\_\_\_\_ STATE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER\*: \_\_\_\_\_

\*This information is voluntary, for identification only, and is not used as a qualification for volunteering. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.

**PLEASE LIST ALL ADDITIONAL RESIDENCES THAT YOU HAVE RESIDED IN THE PAST FIVE (5) YEARS:**

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

\_\_\_\_\_  
Street Number/P.O. Box Street Name City State Zip Code County

Diocese of Bridgeport for Information contact: Choicepoint Consumer Ctr., PO Box 105108, Atlanta, GA 30302, (800) 845-6004. March 2004



#### Daily responsibilities

1. Arrive at your scheduled time.
2. Be a positive influence to all members.
3. Be active and involved during group activities.
4. Do not complain if asked to help with a task other than being with a group.

#### **Warnings:**

A warning is your one opportunity before getting a strike. Warnings are up to the discretion of staff or your daily counselor. Warnings allow you to correct the behavior before having your daily hours forfeited.

#### **Strikes:**

Failure to comply with the rules will earn a strike. If you gain three strikes you will not be allowed to volunteer here for the remainder of the year. In addition your name will be added to our list of volunteers marked as dismissed early for the year. Strikes can be earned at any time, and multiple strikes can be given in a single day.

#### **Rules for you**

- Listen to the counselors leading the group
  - They are your immediate daily supervisors, what they say goes.
- Stay with your assigned group
  - Unless stated otherwise, you will stay with your assigned group and counselor.
- Interact with your group
  - Be active in the group you are with.
- Listen to all employees of the Shehan Center
  - Be respectful and do what is asked of you, if you have any problems with this come see me or any program staff immediately.

#### **For your safety**

- Do not leave valuables visible inside of your vehicle
  - Reduce the risk of vandalism and theft by keeping all bags, electronics, and money out of sight. Lock it in your trunk or put them under the seats.
- Keep your windows rolled up and your doors locked.
  - Reduce the risk of unwanted people entering your vehicle

**THE CARDINAL SHEHAN CENTER IS NOT RESPONSIBLE FOR  
DAMAGED, LOST, OR STOLEN GOODS**